

REQUEST FOR SPECIAL MORALE AND WELFARE (SM&W) FUNDS			
SECTION I. (Completed by REQUESTOR) NOTE: DISCUSS WHAT IS AUTHORIZED WITH SERVICES SM&W POC BEFORE COMPLETING THIS FORM.			
1. TO: 452 FSS/CD		2. FROM:	3. PROJECT OFFICER AND EXTENSION:
4. DATE:		5. AMOUNT REQUESTED: \$	
6. INFORMATION TO SUPPORT REQUEST:			
A. NAME OF FUNCTION/EVENT:		B. EVENT DATE, TIME, AND PLACE:	
C. GUEST(S) OF HONOR:			
D. ESTIMATED NUMBER OF PARTICIPANTS:	DOD:	NON DOD:	DV:
E. TOTAL COSTS (List in blocks (1) thru (6): \$		F. AVERAGE COST PER PERSON: \$	
(1) FOOD/DRINK: \$ * LIGHT REFRESHMENTS (See G Below)	(3) MEMENTO: \$		(5) OTHER (DESCRIBE): \$
(2) PAPER PRODUCTS: \$	(4) FLOWERS: \$		(6) OTHER (DESCRIBE) \$
G. REMARKS: <u>Light refreshments</u> include "nonalcoholic beverages such as coffee, tea, milk, juice, soft drinks, and snack-type items such as donuts, bagels, fruit, pretzels, cookies, muffins, chips and dips, and similar items. Does not include meat, sandwiches, smorgasbords, or heavy hors d'oeuvres." <u>Mementos</u> : "Items, long-lasting in nature, representing the command/installation/event. Mementos may not exceed \$20.00, and SM&W expenditure authority may not be combined with other funds to purchase a more expensive item. Provide only one memento per person per occasion. The purchase of wrapping paper, gift boxes, bows, or any other item that gives the appearance of a gift from SM&W is prohibited. Identify in requests/reports what is purchased, for whom, and the cost of the memento." For further clarification, please reference AFMAN 34-201, Use of Nonappropriated Funds, Chapter 12, Table 12.1 for authorized/not authorized items.			
7. I certify that this request represents the minimum amount required to achieve the desired outcome. I understand that I cannot obligate the Air Force for any costs exceeding the amount approved. Requests MUST be approved in advance before any purchases can be made. SM&W funds are tax exempt. I understand that if I pay state/local taxes, I will not be reimbursed.			
8. NAME, TITLE OF REQUESTOR:		9. SIGNATURE:	10. DATE:
SECTION II. (To be completed by FM)			
1. Expenditure is <input type="checkbox"/> is not <input type="checkbox"/> authorized APF (ORF) support IAW AFI 65-603. Expenditure is <input type="checkbox"/> is not <input type="checkbox"/> authorized APF support IAW AFI 65-601 V1. If authorized, APFs are <input type="checkbox"/> available <input type="checkbox"/> are not available. NOTE: If APFs are authorized, SM&W funds may not be used even if APFs are not available.			
2. NAME, TITLE OF REVIEWER: EVE HOHN, 452 AMW/FM		3. SIGNATURE:	4. DATE:
SECTION III. (To be completed by SERVICES CHIEF or DESIGNEE) NOTE: If Services has SM&W approval authority, Section IV does not need to be completed.			
1. Expenditure of \$ _____ is <input type="checkbox"/> is not <input type="checkbox"/> authorized SM&W support IAW AF & AFRC guidance, Rule No. _____. Recommend APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> Date disapproved request form was returned to originator _____.			
2. NAME, TITLE OF REVIEWER: MICHAEL VU, 452 FSS/CD		3. SIGNATURE:	4. DATE:
SECTION IV. (To be completed by COMMANDER or DESIGNATED APPROVING OFFICIAL)			
1. TO: SERVICES	2. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		3. AMOUNT: \$
2. NAME, TITLE OF APPROVING OFFICIAL: JOHN C. REED, Col, 452 AMW/CC		3. SIGNATURE:	4. DATE:

